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| 20306 7590 0807/2009 MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP 300 S. WACKER DRIVE 32ND FLOOR | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being featimale transmitted to the USPTO (371) 273-2885, on the date indicated below. | | | | | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVE | NTOR | | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. | | |
| 10/524,154 02/11/2005 | | | | | | | 07-2216 | | | |
| TITLE OF INVENTION: METHOD AND PACKAGING MACHINE FOR PACKAGING A PRODUCT ARRANGED IN A TRAY | | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE | DUE | PREV. PAID ISSUE FE | | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | | \$0 | | \$1810 | \$1810 11/09/2009 | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLAS | S | J | | | | | |
| DURANE | | 3721 | 053-432000 | | | | | | | |
| 1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI PFoc Address" ind PTO/SB/47; Rev 03-6 Number is required. | c or agents OR, alter (2) the name of a registered attome 2 registered pater listed, no name w | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of a single firm (having as a member at registered attorney or agent) and the names of up to 1 steed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MULTIVAC Sepp Haggenmuller GmbH & Co. KG Germany | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual ধ Corporation or other private group entity 🗀 Government | | | | | | | | | | |
| 4a. The following fee(s) Hissue Fee Publication Fee (N | A check is enclo | Psyment of Foe(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by recitle and. Form PTO-2038 is attached. The Director is hereby subtherized to charge she required fee(s), any deficiency, or credit any overpipment, to Deposit Account Number 13—2491 (enclose an extra copy of this form). | | | | | | | | |
| Change in Entity Sta a. Applicant claim | tus (from status indicate is SMALL ENTITY stat | | ☐ b. Applicant is n | o lon | ger claiming SMA | LL EN | FITY status. See 37 CI | R 1.27(g) | (2). | |
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| | /Steven B. (| | | | | | per 2, 2009 | | | |
| Typed or printed nam | | | | | Registration N | | | | | |
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